

HUBUNGAN ANTARA ONSET PREEKLAMPSIA BERAT, WAKTU TERMINASI DAN KOMPLIKASI IBU DENGAN LUARAN NEONATAL PADA PREEKLAMPSIA BERAT PERAWATAN KONSERVATIF

Erliana*, Ernawati*, Aditiawarman*, Risa Etika**, Windhu Purnomo
Departemen/SMF Obstetri Dan Ginekologi Fakultas Kedokteran Universitas Airlangga, RSUD dr. Soetomo, Surabaya*,
Departemen/SMF Ilmu Kesehatan Anak Fakultas Kedokteran Universitas Airlangga, RSUD dr. Soetomo, Surabaya **

ABSTRAK

Tujuan : Menganalisis hubungan antara luaran neonatal pada preeklampsia berat (PEB) perawatan konservatif dengan onset terjadinya preeklampsia, komplikasi ibu dan waktu terminasi kehamilan. **Metode** : Observasional analitik retrospektif yang menggunakan data sekunder dari rekam medis pasien PEB perawatan konservatif di RSUD Dr. Soetomo Surabaya. Dilakukan analisa luaran neonatal berupa berat lahir, *APGAR score*, *intra uterine growth restriction (IUGR)*, *intra uterine fetal death (IUFD)* dan *early neonatal death (END)* serta komplikasi ibu berupa tekanan darah tak terkontrol, edema paru, *HELLP syndrome*, solusio plasenta, insufisiensi ginjal dan eklampsia. **Hasil Penelitian** : Didapatkan 165 pasien (178 bayi), 13 gemelli. Rata-rata lama perawatan konservatif 9,34 hari \pm 11,45 (2-64). *Neonatal survival* 64,6 %. Rata-rata berat lahir 3223,08, IUGR 23,59 %, Non asfiksia 51,12 %, *IUFD* 7,86 %, dan *END* 25,28 %. Tidak ada bayi yang survive pada onset < 26 minggu. Pada onset 26 0/7 - 27 6/7 minggu, 5 dari 13 (38,46%) bayi *survive*. Secara keseluruhan didapatkan TD tak terkontrol 9,09 %, edema paru 7,27%, *HELLP syndrome* 5,45%, insufisiensi ginjal dan solusio plasenta masing-masing 1 pasien. Tidak didapatkan eklampsia dan 1 pasien meninggal post partum karena stroke trombotik DD stroke emboli. Didapatkan 22,2 % *IUFD* pada komplikasi *HELLP syndrome* dengan OR 4,10 dan 46,7% *END* pada komplikasi TD tak terkontrol dengan OR 4,41. **Saran** : Perawatan konservatif pada PEB *early onset* sangat bermanfaat pada usia kehamilan > 28 minggu, Pada usia kehamilan < 26 minggu perawatan konservatif kurang bermanfaat bila dikaitkan dengan luaran bayi yang survive. Khusus pada usia kehamilan 26-28 minggu, perawatan konservatif dilakukan atas pertimbangan dan indikasi tertentu.

Kata Kunci : luaran neonatal, PEB, perawatan konservatif.

RELATIONSHIP BETWEEN ONSET OF SEVERE PREECLAMPSIA, GESTASIONAL AGE OF TERMINATION AND MATERNAL COMPLICATIONS WITH NEONATAL OUTCOMES ON EXPECTANT MANAGEMENT OF SEVERE PREECLAMPSIA

Erliana*, Ernawati*, Aditiawarman*, Risa Etika**, Windhu Purnomo
Obstetrics and Gynecology Department, Faculty of Medicine, University of Airlangga, Dr. Soetomo Hospital Surabaya*
Pediatric Department, Faculty of Medicine, University of Airlangga, Dr. Soetomo Hospital Surabaya**

ABSTRACT

Objective: To analyze the association between onset of preeclampsia, maternal complications and time of termination with neonatal outcomes. **Methods:** This was a retrospective analysis of neonatal outcome in patients with expectant management of severe preeclampsia in Dr. Soetomo Hospital. Neonatal outcomes (birth weight, APGAR score, intra uterine growth restriction (IUGR), intra uterine fetal death (IUFD) and early neonatal death) and maternal complications (uncontrolled of hypertension, HELLP syndrome, pulmonary edema, eclampsia, and renal insufficiency, abruptio placentae) were analyzed. **Results:** 165 patients (178 fetuses) were studied. 13 patients had multifetal gestations (twins). Mean days of prolongation was 9,34 days \pm 11,45 (range 2-64). Overall neonatal survival was 64,6 %. Mean Birthweights were 1323,08, 23,59 % were IUGR, 51,12 % were non asphyxia, 7,86 % were IUFD, and 25,28 % were early neonatal death. There were no neonatal survivors in those with a GA less than 26 weeks. At 26 to 27 6/7 weeks, 5 of 13 (38,46%) survived. Overall there were 9,09 % uncontrolled hypertension, 7,27% pulmonary edema, 5,45% HELLP syndrome, and 1 patient for renal insufficiency and abruptio placentae. There were no eclampsia and 1 of 165 (0,6%) post partum maternal deaths. There were 22,2 % IUFD in complication HELLP syndrome with OR 4,10 and 46,7% neonatal death in complication uncontrolled hypertension with OR 4,41. **Recommendation:** Neonatal outcome in early onset of severe preeclampsia is dependent on the onset of preeclampsia, time of termination and maternal complication. Expectant Management is useful at onset > 28 weeks. Related the low perinatal survival rates, we do not recommend expectant management before 26 weeks. At onset 26 - 28 weeks, the expectant management just only for certain indication and consideration.

Keywords: neonatal outcomes, expectant management, severe preeclampsia